

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001053

STATE FILE NUMBER

Registration District No. 119Primary Registration District No. 5493Registrar's No. 9

FILED JAN 24 1962

AMENDED

## 1. PLACE OF DEATH

a. COUNTY

GASCONADE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

HERMANN MO.

Length of stay in 1b

6 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

F. BENEVALLY, Nursing Home

Inside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

GASCONADE

c. CITY  
OR TOWN

ROSEBUD MO

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

CLARK JOHN BOSTON

4. DATE  
OF DEATH

Month

Day

Year

1 - 8 - 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-5-1899

## 9. AGE (last birthday)

62

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or when retired)

FARMER

## 10b. KIND OF BUSINESS OR INDUSTRY

GENERAL

## 11. BIRTHPLACE (City and state or country)

ROSEBUD MO

## 12. CITIZEN OF WHAT COUNTRY

U. S. A

## 13a. FATHER'S NAME

JAMES M BOSTON

## 13b. MOTHER'S MAIDEN NAME

VIRGINIA ANN LOVELACE LELAND BOSTON

## 14. NAME OF HUSBAND OR WIFE

LELAND BOSTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)

NO

## 16. SOCIAL SECURITY NO.

NONE

## 17. INFORMANT

Lela Boston

## Address

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN  
ONSET AND DEATH  
5 yrsConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Chronic pyelonephritis, diabetes, CVA

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐SUICIDE ☐HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-1-61to 1-8-62and last saw her alive on 1-8-62Death occurred at 6:40

P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Carol T. Shaw MD

## 22b. ADDRESS

Hermann, Missouri

## 22c. DATE SIGNED

1-10-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

## 23b. DATE

1-12-62

## 23c. NAME OF CEMETERY OR CREMATORY

BETHEL M. E

## 23d. LOCATION (City, town, or county)

ROSEBUD MO

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

E. J. Truitt, Gerald Mo

## 25. DATE RECD. BY LOCAL REG.

1-12-62

## 26. REGISTRAR'S SIGNATURE

Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

SHOULD READ

INSTEAD OF

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAR 6 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Stanley E. Meyer*

Licensed Embalmer No.

*4639*

P. O. Address

*Amman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.